APR 1 8 2005

| REQUEST FOR WITHDRAWAE |
|------------------------|
| AS ATTORNEY OR AGENT   |
| AND CHANGE OF          |
| CORRESPONDENCE ADDRESS |

| <b>S</b> ,             | PTO/SB/83          | <u>(09-</u> 04) |
|------------------------|--------------------|-----------------|
| Application Number     | 09/709,211         |                 |
| Filing Date            | 11/09/2000         |                 |
| First Named Inventor   | Gregg Williams     |                 |
| Art Unit               | 3623               |                 |
| Examiner Name          | Catherine M. Colon |                 |
| Attorney Docket Number | 020508-000100US    |                 |

|                                     | 3ox 1450                                  | or Patents<br>22313-1450   |                                 |                             |                   |                  |          |             |                       |
|-------------------------------------|---|--|---------------------------------|-----------------------------|-------------------|------------------|----------|-------------|-----------------------|
| Please                              | withdraw me                               | as attorney or agent for the abo   | ve identifi                     | ed pater                    | nt app            | lication         | , and    |             |                       |
| ☐ al                                | I the attorne                             | ys/agents of record  |                                 |                             |                   |                  |          |             |                       |
| ☐ al                                | I the attorne                             | ys/agents (with registration numb  | ers) listed                     | on the                      | attacl            | ned pap          | oer(s),  | or          |                       |
| ⊠ al                                | I the attorne                             | ys/agents associated with Custor   | ner Numb                        | er                          |                   | 20350            | )        |             |                       |
| N                                   | OTE: This to                              | oox can only be checked when the<br>ers associated with a customer n                         | e power o<br>umber.             | of attorne                  | ey of             | record i         | n the    | applicatio  | on is to all the      |
| The reasons                         | s for this requ                           | uest are: As requested by the c  | lient.                          |                             |                   |                  |          |             |                       |
|                                     |   |  |                                 |                             |                   |                  |          |             |                       |
|                                     | -   | CORRESPON  | IDENCE                          | ADDI                        | RES               | S                |          | -           |                       |
|                                     | ·   | ence address is NOT affected by  |                                 |                             | nden              | ce to:           |          |             |                       |
| The a                               | ddress asso                               | ciated with Customer Number:   | ·                               |                             |                   | - "              |          | -           |                       |
| Firm o                              | r<br>lual Name                            | Melvin D. Chan, Esq.   |                                 | -                           |                   |                  |          |             |                       |
| Address                             |   | Aka Chan LLP<br>900 Layfayette Street, Suite 71  | 0                               |                             |                   |                  |          |             |                       |
| City                                |   | Santa Clara  | State                           | CA                          |                   |                  |          | Zip         | 95050                 |
| Country                             |   | USA  |                                 |                             |                   |                  |          |             |                       |
| Telephone                           |   | 408-701-0035   |                                 |                             |                   | Fax              | 408-     | 608-1599    | 9                     |
| Signature                           | Al) i                                     | ller & Steel   |                                 |                             | _                 |                  |          |             |                       |
| Name                                | William L. S                              | haffer   |                                 | <del></del>                 | Reg               | istratio         | n No.    | 37,234      |                       |
| Date                                | 4/1                                       | 4/05   |                                 |                             | Tele              | phone            | No.      | 650-326     | 6-2400                |
| NOTE: Withdraw<br>date of a time pe | val is effective wh<br>eriod for response | nen approved rather than when received. Ur<br>e or possible extension period, the request to | nless there ar<br>withdraw is n | e at least 3<br>ormally dis | 0 days<br>approve | between a<br>ed. | approval | of withdraw | al and the expiration |

AF/362300

PTO/SB/21 (09-04)

| E vic                                 |   | Application Number  | 09/709,211  |
|---------------------------------------|---|---|---|
| ₹ TR                                  | ANSMITTAL   | Filing Date   | November 9, 2000  |
| 2005 2                                | FORM  | First Named Inventor  | Williams, Gregg   |
| 0                                     |   | Art Unit  | 3623  |
| to be used for a                      | all correspondence after initial filing)                                  | Examiner Name   | Catherine M. Colon  |
| Total Number of R                     | Pages in This Submission  | Attorney Docket Number  | · 020508-000100US   |
|                                       |   | ENCLOSURES (Check all ti  | hat apply)  |
| Foo Traps                             | mittal Form   | Drawing(s)  | After Allowance Communication to 1  |
|                                       | ee Attached   | Licensing-related Papers  | Appeal Communication to Board of Appeals and Interferences                                    |
|                                       | -   | Petition  | Appeal Communication to TC  |
| Amendment/Reply  After Final          |   | Petition to Convert to a  | (Appeal Notice, Brief, Reply Brief)  Proprietary Information                                  |
|                                       | fidavits/declaration(s)   | Provisional Application Power of Attorney, Revocation                           | Charles Lawren  |
| Extension of Time Request             |   | Change of Correspondence Ad Terminal Disclaimer                                 | Other Enclosure(s) (please identify below):   |
| $\overline{\Box}$                     | bandonment Request  | Request for Refund  | Return Postcard   |
|                                       | n Disclosure Statement  | CD, Number of CD(s)   |   |
|                                       |   | Landscape Table on CI   |   |
| Certified C<br>Document               | Copy of Priority  | Remarks The Commissioner is Account 20-1430.                                    | s authorized to charge any additional fees to Deposi  |
| Application Re                        | Aissing Parts/ Incomplete n eply to Missing Parts der 37 CFR 1.52 or 1.53 |   |   |
|                                       | SIGNATU   | JRE OF APPLICANT, ATTOR   | RNEY, OR AGENT  |
| Firm Name                             | Townsend and Townse   | nd and Crew LLP   |   |
| Signature                             | Willen  | L SIM   |   |
| Printed name                          | William L. Shaffer  |   |   |
| Date                                  | 4/14/05   | Reg.  | No. 37,234  |
|                                       |   |   |   |
|                                       | CEF   | RTIFICATE OF TRANSMISSI   | ON/MAILING  |
| I hereby certify the envelope address | at this correspondence is being<br>sed to: Commissioner for Paten         | g deposited with the United States Pos<br>ts, P.O. Box 1450, Alexandria, VA 22: | stal Service with sufficient postage as first class mail in 313-1450 on the date shown below. |
|                                       |   |   |   |
| Signature                             | Bun   | 9 Jon   |   |